

# Helensburgh Golf Club

## MEMBERS ENTRY

# TRI AM

## LADIES OPEN

**FRIDAY 21ST JULY 2017**

Player 1: NAME.....  
CLUB..... CONGU HANDICAP\*.....

Player 2: NAME.....  
CLUB..... CONGU HANDICAP\*.....

Player 3: NAME.....  
CLUB..... CONGU HANDICAP\*.....

Principal Name and Address for correspondence

.....  
.....

Home Tel. No..... Business Tel.....

E-mail:.....

**Preferred starting time\***                      **ANYTIME**                      **MORNING**                      **AFTERNOON**  
(Please circle your choice) \* Choice subject to availability

**Please return entry form with CHEQUE for £27 per team by 13th July 2017 to the Club Office**

**No entries will be accepted without the correct payment and no refunds will be made for cancellations within 7 days of the competition date**

Further copies of this form can be found on the Member Section of our website. The draw will be available on the website one week prior to the competition.